

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 88-257 as amended. Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U /2/83	2. Fiscal Year Covered From
• • •	1 / 1 / 2005 Through 12 / 31 / 2005
3. Name and address of person filling.	4 Name, file number and address of labor organization.
Name David M Elizalde	Name Plumbers & Pipefitters
	Labor Organization File Number 000-114 014-337
PO Box Bidg Room No If any	P O Box Building and Room Number if any
Street 508 S O PL	Street 93 Thomas Rd
City Lompoc	City Buellton
State California ZIP Code + 4 93436	State California ZIP Code + 4 93427

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as apacified in the exclusions set forth in the instructions):

A. Held an interest in engaged in transactions (including loans) with or derived Income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
7 a. Nature of Interest, Transaction or Income.			
Wages - TEAChen JAC Secretary Expense			
JAC SECRETARY EXPENSE			
7 b. Amount.			
# 2,68400			

Signature

15 Signati	ure and verification. The undersigned declares, under penal	ty of Perjury and other applicable penalti	es of the law that all of the information
submitted 11	n this report (including the information contained in any accom	panying documents) has been examined	d by the signatory and is, to the best of the
undersigne	d's knowledge and belief, true, correct, and complete. (See th	e section on penalties in the instructions	-)
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	Dilalegler	5 5 5 4	0.000
Signed	11. Value	~ 3~29~06	905-735-5494
Signed			0 3 (32) 17

Telephone Number

a a			
2.			
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Name of Person Filing David Elizalde

B Heith an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)	9 Business deals with			
Name				
Trade Name If any	a Labor Organization b Trust			
P O Bex Bldg Room No if any	c. Employer			
Street				
City				
State ZIP Code + 4				
10 If 9.b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing			
Name				
Trade Name If any				
P O Box Bldg. Room No if any				
Street	Ad b. A			
Street NA	11 b Approximate dollar value of such dealing 12.a Nature of interest held or income received			
State ZIP Code + 4	ाक्षायः । अवस्थाः । स्थाः स्थाः । स्थाः अरः । संस्थाः । स्थाना । स्थाना । स्थाना । स्थाना । स्थाना । स्थाना ।			
	12 b Amount.			
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name if any)	14.a. Nature of payment.			
Name				
Trade Name if any				
P.O. Box Bidg. Room No. If any				
Street				
City				
State ZIP Code + 4				
13 b is the Business en Employer or Consultant ?	14 b Amount of payment.			

File Number U-